

### C. LOCATION OF AFFECTED PREMISES:

Zoning District \_\_\_\_\_  
Street or Road Address \_\_\_\_\_  
Aerial Survey Map (in assessors= office): Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
Subdivision Map (if any): Map No. \_\_\_\_\_ Lot(s) No. \_\_\_\_\_  
Is the property located in the Aquifer Protection District? Yes \_\_\_\_\_ No \_\_\_\_\_  
Owner of Property (if different from applicant):  
Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

### D. PREVIOUS APPEAL(S) OR APPLICATION(S):

List all prior appeals which relate to this property in whole or in part. If this is the first, please enter Anone.≡

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
Docket No. \_\_\_\_\_ Docket No. \_\_\_\_\_ Docket No. \_\_\_\_\_

### E. OWNERS OF ADJACENT PROPERTIES:

List owners of record (in the Assessor=s office) of all properties which bound any portion of the affected premises, including those directly across any highways bounding it.

|            |                       |
|------------|-----------------------|
| Name _____ | Mailing Address _____ |
| Name _____ | Mailing Address _____ |
| Name _____ | Mailing Address _____ |
| Name _____ | Mailing Address _____ |
| Name _____ | Mailing Address _____ |
| Name _____ | Mailing Address _____ |

### F. DECLARATION (to be signed by all applicants):

I (We) hereby declare that all information in the foregoing application, and in attachments submitted herewith, is accurate and complete to the best of my (our) knowledge and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_ D  
ate \_\_\_\_\_ Signature \_\_\_\_\_

### G. DESIGNATION OF AGENT OR ATTORNEY

It is not necessary for an applicant to be represented by either an agent or an attorney. A property owner should be able to present his or her own case. However, if an agent or attorney is retained, the fact must be so stipulated below.

I (We) hereby designate the following individual(s) to act for me (us) at any hearing held in response to this application:

As ( ) Agent :Name \_\_\_\_\_  
( ) Attorney Address \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

As ( ) Agent : Name \_\_\_\_\_  
( ) Attorney Address \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_